

## INSTRUCTIONS FOR COMPLETING APPLICATION HEADER (Form: DFS 1104)

### General Information

1. Complete all fields with a number 2 pencil. The scanner will not accept any type of ink.
2. **Make sure that all responses are correctly and completely marked. The output record is generated from the forms and will reflect exactly what is marked on the form. Incorrect entries may delay processing materials.**
3. Do not fold, tear, or mutilate any forms. Damage to the form will prevent the scanner from accepting the forms.
4. Do not make any stray marks on the forms.
5. Do not correct field by using "liquid white out".
6. Do not mark more than one bubble per column.

### **STOP! HOW MANY FORMS DO I NEED TO SUBMIT?**

ATTENTION INSTRUCTORS: To determine the number of Application Headers you need to submit for your class, review the following questions:

1. **How many course numbers do I have for this class?** You must submit a separate Application Header for each course number assigned. For more information on this matter refer to "Instructions for Completing Course Information Forms".
2. **Are there provisional applicants in this class?** Applicants for provisional status must have a separate Application Header than applicants for certification. You must also submit a separate Application Header for each level of provisional applicant. *(Note: Provisional status applies to **ALS levels** only.)*
3. **Will my students all test on the same date at the same location?** If students in your class plan to test at various locations and times, they will need different exam codes. You must submit a separate Application Header for each exam code used in your class.

### Specific Information

1. **TEACHING INSTITUTION NUMBER:** This field must be completed with the five digit number assigned to the teaching institution and the appropriate circles darkened. This number can be obtained from the EMS Extension Director.
2. **COURSE NUMBER:** The course number must be completed and be a valid number entered from a Course Information Form that has been processed by the OEMS. The field must be filled in with the appropriate circles darkened. **NOTE:** The course number has been changed from a four-digit to a five-digit number. Make sure **ALL** course numbers begin with a zero.

3. **NUMBER OF APPLICANTS:** The number placed in this field must match the number of application packets submitted for certification testing and/or processing. *(Note: The appropriate applications should follow each Application Header.)* The field must be filled in with the appropriate circles darkened. All columns must be completed.
4. **EXAM CODE:** This field must be completed for all applicants who are required to take any part of the state exam. The exam code may be obtained from the Regional Examination Schedule provided by the OEMS. The field must be completed and the appropriate circles darkened. The Application Header and appropriate application material **must be received by the OEMS regional office at least 15 calendar days prior to the scheduled exam date.** *(Note: You should allow for postal delays or office closings for holidays to assure that the material is received at least 15 calendar days prior to the scheduled exam date)* If the material is improperly completed, a copy of the Application Header and the original invalid applications will be returned to the teaching institution for correction. All other applications will be processed. After corrections are made, the applications must be submitted with a new Application Header.
5. **FOR OFFICE USE ONLY:** The fields of CATEGORY, LEVEL and TYPE will be completed by the OEMS staff.
6. **FILL IN BLANKS:** The information blanks on the form must be completed. This information will be used to verify the proper information is matched to the code numbers that were entered.
7. **INSTRUCTOR/TRAINING OFFICER STATEMENT:** The form must be signed and dated before processing. **The signature is verification that all persons have completed all requirements of the educational program.** The person signing the form should be approved by the teaching institution and medical director. Only applications of those students who have completed all educational requirements should be submitted for testing or processing.

#### COUNTY LISTING BY NUMBER

01 ALAMANCE	26 CUMBERLAND	51 JOHNSTON	76 RANDOLPH
02 ALEXANDER	27 CURRITUCK	52 JONES	77 RICHMOND
03 ALLEGHANY	28 DARE	53 LEE	78 ROBESON
04 ANSON	29 DAVIDSON	54 LENOIR	79 ROCKINGHAM
05 ASHE	30 DAVIE	55 LINCOLN	80 ROWAN
06 AVERY	31 DUPLIN	56 MACON	81 RUTHERFORD
07 BEAUFORT	32 DURHAM	57 MADISON	82 SAMPSON
08 BERTIE	33 EDGECOMBE	58 MARTIN	83 SCOTLAND
09 BLADEN	34 FORSYTH	59 MCDOWELL	84 STANLY
10 BRUNSWICK	35 FRANKLIN	60 MECKLENBURG	85 STOKES
11 BUNCOMBE	36 GASTON	61 MITCHELL	86 SURRY
12 BURKE	37 GATES	62 MONTGOMERY	87 SWAIN
13 CABARRUS	38 GRAHAM	63 MOORE	88 TRANSYLVANIA
14 CALDWELL	39 GRANVILLE	64 NASH	89 TYRRELL
15 CAMDEN	40 GREENE	65 NEW HANOVER	90 UNION
16 CARTERET	41 GUILFORD	66 NORTHAMPTON	91 VANCE
17 CASWELL	42 HALIFAX	67 ONSLOW	92 WAKE
18 CATAWBA	43 HARNETT	68 ORANGE	93 WARREN
19 CHATHAM	44 HAYWOOD	69 PAMLICO	94 WASHINGTON
20 CHEROKEE	45 HENDERSON	70 PASQUOTANK	95 WATAUGA
21 CHOWAN	46 HERTFORD	71 PENDER	96 WAYNE
22 CLAY	47 HOKE	72 PERQUIMANS	97 WILKES
23 CLEVELAND	48 HYDE	73 PERSON	98 WILSON
24 COLUMBUS	49 IREDELL	74 PITT	99 YADKIN
25 CRAVEN	50 JACKSON	75 POLK	00 YANCEY